

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001532

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

FILED FEB 8 1963

Primary Registration District No.

1002

Registrar's No.

510

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
HUGH W. MC CAUGHY
MEDICAL CERTIFICATION

| | | | |
|--|---|--|-------------------------------------|
| 1. PLACE OF DEATH a. COUNTY JACKSON | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY | | c. CITY OR TOWN KANSAS CITY | |
| Length of stay in 1b 3 YEARS | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ELMS NURSING HOME | | d. STREET ADDRESS (If outside, give location) 4800 JEFFERSON STREET | |
| 3. NAME OF DECEASED (Type or print) First Middle Last CAROLYN GERTRUDE DEAN | | 4. DATE OF DEATH Month Day Year JANUARY 25 1963 | |
| 5. SEX FEMALE | 6. COLOR OR RACE WHITE | 7. Married <input type="checkbox"/> Never, Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1/7/1894 |
| 9. AGE (last birthday) 29 | | 10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME | | 10b. KIND OF BUSINESS OR INDUSTRY ----- | |
| 11. BIRTHPLACE (City and state or country) LEWISVILLE, ARKANSAS | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME ROBERT RAY MOORE | | 13b. MOTHER'S MAIDEN NAME ELIZA SMITH YOUNG | |
| 14. NAME OF HUSBAND OR WIFE ARTHUR DEAN | | Address 4410 WEST 89TH STREET PRAIRIE VILLAGE, KANSAS | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. ----- | |
| 17. INFORMANT CHESTER A. DEAN | | Interval between ONSET AND DEATH ----- | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) pulmonary embolism DUE TO (b) Thrombophlebitis DUE TO (c) ----- Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ----- | | | |
| PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) ----- | |
| 20c. TIME OF INJURY Hour a.m. p.m. ----- | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ----- | | 20f. CITY, TOWN, OR LOCATION ----- | |
| 20g. COUNTY ----- | | 20h. STATE ----- | |
| 21. I attended the deceased from May 15 1962 to Jan 25, 1963 and last saw him alive on Jan 21, 1963 Death occurred at 6:30 P. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Hugh W. Mc Caughy M.D. | | 22b. ADDRESS 5615 Johnson Dr. - Kansas | |
| 22c. DATE SIGNED Jan 26 1963 | | 22d. LOCATION (City, town, or county) (State) TEXARKANA ARKANSAS | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL | | 23b. DATE JAN 26 1963 | |
| 23c. NAME OF CEMETERY OR CREMATORY STATE LINE CEMETERY | | 23d. LOCATION (City, town, or county) (State) TEXARKANA ARKANSAS | |
| 24. FUNERAL DIRECTOR DW. NEWCOMER'S SONS, KANSAS CITY, MO. | | 25. DATE RECD. BY LOCAL REG. 1-26-63 | |
| 26. REGISTRAR'S SIGNATURE Ruth Long | | 26. REGISTRAR'S SIGNATURE ----- | |

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. Hugh W. McCauley
5615 Johnson Ave, Mission, Kansas
1:00. 5:00